

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Little Scholars Learning Academy	1/3/25	8:45am
17 Farmington Ave Ste B4	Pending	
Plainville, CT 06062	860 356 9900	Open
Jessica Pineda	# of Staff Present: 1	# over 3 Present: 0
123 Little Scholars@gmail.com	Total Capacity: 25	Total Under 3 capacity: 7
Jessica Pineda		# under 3 Present: 0
		Ages Served: 2.5yrs-2
		M-F 7:30am-6pm

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE REQUIREMENTS

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 12/16/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance																				
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%																				
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios																				
	<input checked="" type="checkbox"/> 30. (e)(1)	Nap time ratio																				
	<input checked="" type="checkbox"/> 31. (f)(1)	Supervision-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 32. (f)(2)	GROUP SIZE																				
	<input checked="" type="checkbox"/> 33. (a)(2)	Group Size-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 34. (b)(1)(2)	Group Size-school age field trips/outdoors																				
	<input checked="" type="checkbox"/> 35. (h)(1)(2)	Mixed age group-group size																				
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Designated director-training																				
	<input checked="" type="checkbox"/> (4)(C)(i)	CPR certified program staff																				
	<input checked="" type="checkbox"/> (e)(6)	First aid certified program staff																				
	<input checked="" type="checkbox"/> (e)(6)	PROFESSIONAL DEVELOPMENT																				
	<input checked="" type="checkbox"/> (i)(1)(A-D)	Documentation																				
	<input checked="" type="checkbox"/> (i)	Health & Safety training																				
	<input checked="" type="checkbox"/> (i)(2)(A-H)	1% annual hours																				
	<input checked="" type="checkbox"/> (F)	SWIMMING ACTIVITIES - Y^N																				
	<input checked="" type="checkbox"/> (i)(2)	Swimming-Ratios																				
	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Non-swimmers identified																				
		CPR certified staff-age 20 or older																				
		Lifeguard-certified-supervising																				
		CONSULTANTS																				
		Consultants-Education, Health, Social Service, Dietitian (N/A)																				
		Consultant agreements-signed annually																				
		Agreements complete w/required services																				
		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>0</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>0</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>0</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>—</td> <td>—</td> <td>—</td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	0	✓	Health	✓	0	✓	Soc. Serv.	✓	0	✓	Dietitian	—	—	—
	Contracts	Logs	Visits																			
Education	✓	0	✓																			
Health	✓	0	✓																			
Soc. Serv.	✓	0	✓																			
Dietitian	—	—	—																			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTOR

PROGRAM NAME: Little Scholars LA **EXCESS NUMBER:** Pending **DATE:** 1/3/25

RECORD KEEPING 19a-79-6a **PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73.	(d)(3)	Exits, stairs, hallways unobstructed
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Window screens (Schl age only)
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors—locking devices, spring protectors
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan—signed by parents/staff	<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety—outlets inaccessible -cov or protected (Schl age only)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality			Shared toilets/sinks—supervision plan
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases			Toileting needs met
		Video recordings- keep 30 days			Potty chairs—nonporous, emptied, disinfected

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food—follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 83.		
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	(e)(1)	
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration—41 degrees	<input checked="" type="checkbox"/> 85.		
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus—1 wk in advance- keep 3 mths			
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)			
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen—clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 86.	(e)(3)	
<input checked="" type="checkbox"/> 52.	(a)(7)	Kitchen—clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 87.	(e)(4)	
<input checked="" type="checkbox"/> 53.	(a)(8)	Separate hand washing facilities	<input checked="" type="checkbox"/> 88.	(e)(5)	
<input checked="" type="checkbox"/> 54.	(a)(9)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 89.	(e)(6)	
<input checked="" type="checkbox"/> 55.	(a)(10)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 90.	(e)(7)	
<input checked="" type="checkbox"/> 56.	(a)(11)	Kitchen supervised during meal prep	<input checked="" type="checkbox"/> 91.	(e)(7)	
<input checked="" type="checkbox"/> 57.	(b)(1)	Handwashing—staff/children	<input checked="" type="checkbox"/> 92.	(e)(7)	
<input checked="" type="checkbox"/> 58.	(b)(2)	Illness procedures—staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 93.	(e)(7)	
<input checked="" type="checkbox"/> 59.	(c)	Designated isolation area	<input checked="" type="checkbox"/> 94.		
<input checked="" type="checkbox"/> 60.	(c)	FIRST AID KITS —portable, accessible to staff, closed container—Indoor/Outdoor/Field Trips			
<input checked="" type="checkbox"/> 61.	(d)	FIRST AID SUPPLIES —Indoor/Outdoor—adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier			
		FIRST AID SUPPLIES —add'l for field trips			
		water, phone, soap, emergency numbers, medications, plastic bags			

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 12/19/24	<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips—written parent permission	<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises—clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings—sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 102.	(e)(18)	
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 10/1/24 (N/A)	<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____	<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 105.	(g)(2)	
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> 106.	(g)(3)	
		Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/> 107.	(g)(4)	
<input checked="" type="checkbox"/> 71.	(d)(1)	Results _____ Lead Management Plan _____			
		Emergency vehicle access			

PROGRAM NAME: **Little Scholars LA** LICENSE NUMBER: **Pending** DATE: **1/13/25**

108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	129. (f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	(f)(2)	
110. (j)	No weapons/no facsimile of a firearm	(f)(3)	
111. (h)(1)	OUTDOOR SPACE	(f)(4)	
(h)(2)	Adequate space- 75 sq. ft. per child	(g)(1)	
(h)(3)	Shock absorbing surfaces-minimum 8"	(g)(1)	
(h)(4)	Playground free from hazards	(g)(1)	
(h)(5)	Nuts, bolts, screws-tight, covered/protected	(g)(2)	
(h)(6)	Outside equipment anchored-anchors buried	(g)(3)	
(h)(8)	New equip- cert play. Inspection upon request	(g)(4)	
(h)(9)	Drinking water available/accessible	(g)(5)	
112. (h)(7)	Equipment arranged for safety-equip/fences/structures not hazardous	(g)(6)	
113. (h)(7)(A)	OUTDOOR PROTECTED/FENCING	(g)(7)	
(h)(7)(B)	Playground protected from traffic, water, gullies or other hazards	(g)(8)	
(h)(7)(C)	Fences installed to protect from hazards-4 ft	(h)(1)	
114. (i)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	(h)(1)	
(i)	Rooftop play areas-6 ft. wall/barrier	(h)(2)	
(i)	WATER HAZARDS	(h)(2)	
(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	135. (i)(1)(2A-C)	
(i)	Wading pools prohibited	136.	
(i)	Hot tubs/spas/saunas-locked/inaccessible	137.	
		138.	
		139.	

EDUCATIONAL REQUIREMENTS 19a-79-8a	
15. (a)	Written daily/weekly educational plan-developmentally appropriate
16. (a)	EDUCATIONAL REQUIREMENTS
(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
(b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10		SCHOOL AGE ENDORSEMENT 19a-79-11	
17. (b)	Approved Under 3 Endorsement	140. (b)	Approved Schl Age Endorsement
18. (c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	141. (c)	SCHEDULE - ACTIVITIES
19. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	142. (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
20. (c)(4)	Physical barriers- indoors/outdoors	(c)(2)	Activities not a duplication of child's day
21. (d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
22. (d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
223. (d)(2)(B)	Washable cots	(e)	Ratio- 1:15
224. (d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	(f)	Group size- max. 30
225. (d)(2)(D)	Dev. appropriate tables/chairs/equipment	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
226. (d)(2)(E)	Refrigerator and food prep facilities		Head teacher approved- 60%
227. (d)(3)(A-C)	Optional furniture/equip-safe/hazard free		
228. (e)(1)	DIAPERING		
(e)(2)	Diaper area: elevated/sturdy/safety rail		
(e)(3)	Diaper area: used only for this purpose, located in the program area		
(e)(4)	Diaper area: non-porous surface/good repair		
(e)(5)	Diaper area: washed/disinfected after use		
(e)(6)(9)	Diaper area: disposable paper sheets		
(e)(7)	Covered waste receptacle-removed daily		
(e)(8)	Handwashing-staff/children		
(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed		
	Cloth diapers-written plan developed		

Little Scholars CA

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- 154. (b)(8)
- 155. (b)(9)
- 156. (b)(10)

Approved Night Care Endorsement
 Person in charge-head teacher
 Written plan for program activities- meet individual needs, sleep patterns, quiet activities
 Written plan for supervision including cot placement and evacuation
 Children in care no more than 12 hrs. in 24
 Staff awake and available
SLEEP PROVISIONS
 Individual cot/crib with bedding
 Sleeping apparel/toiletries labeled
 Required bedding
 Required toiletries
 Bedding/sleeping apparel laundered weekly
 Sleep arrangements for infants
 Air temp 65 °F at 3 ft
 Fire marshal approval-hours specified
 Local health approval

MONITORING *pending* DATE OF *7/3/25*

- 171. (a)(1)
 - 172. (b)(1)(A)
 - (b)(1)(B) (i)-(iii)
 - (b)(2)
 - (b)(3)
 - (c)(2)
 - (c)(3)
 - 173. (d)(1)
 - 174. (d)(2)
 - 175. (d)(2)
 - 176. (d)(3)
 - 177. (e)(1)
 - 178. (e)(2)
 - 179. (e)(3)
- Written policies and procedures
STAFF TRAINING
 Staff training - first aid
 Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 Training updated at least every 3 years
 Written documentation of training
 Trained staff on site when child is present
 Self-administration - written authorization and under supervision of trained staff
 Equipment provided by parents
 Equipment labeled and inaccessible
 Signed agreement with parent regarding equipment, supplies, materials to be discarded
 Authorized prescriber written order
 Written authorization from parent
 Testing results and actions taken - documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a YD

- 77. (9a)
- 78. (9a)
- 79. (a)(2)
- (a)(3)(A-B)
- (a)(3)(C)
- 80. (b)(1)(A/C)
- (b)(1)(D)
- (b)(1)(E)
- (b)(1)(F)
- (b)(2)(A-B)
- (b)(2)(C)
- 81. (b)(3)(A-B)
- 82. (b)(3)(D)
- 83. (b)(4)(A-B)
- 84. (b)(5)(A-B)
- 85. (b)(5)(C)
- 86. (b)(5)(D)
- 87. (b)(5)(E)
- 88. (b)(6)
- 89. (b)(7)(A-B)
- 90. (d)

Written medication policies/procedures
 Permit enrollment of children with asthma, allergies, diabetes
NONPESC. TOPICAL MEDICATION
 Admin/Parent permission/report errors
 Labeling and Storage
 Unused/expired meds destroyed/returned
MEDICATION TRAINING
 Medication training-general-oral/top/inhalant
 Injectable premeasured autoinjector medication
 Rectal medication
 Injectable other than premeasured auto-injector
 Training approval documents/certificates
 Training outline on file
 Authorized prescriber/parent permission
 Medication errors- documentation, parent(s) and OEC notification
 Medication Administration Records (MAR)
 Labeling and Storage
 Emergency medication inaccessible
 Unused/Expired meds-destroyed/returned
 Auto-injector/inhalant equipment
 Self-administration documentation
 Petition for special medication authorization
 Potassium Iodide (KI) emergency distribution-permission and storage

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions *N/A*

DISCUSSIONS - COMMENTS

- All items on checklist discussed
 - Directors course within 1 year of hire
 - Measurements on square footage report
 - 2 year room - has diaper changing table but no sink. Staff would use bathrooms in hallway to wash hands. Discussed overstaffing room for when wash hands or install portable sink for use in that room
 - Supervisor review before approval of license with completed CAP and application documents

NATURE OF OEC STAFF
Ma Keller
 INTENDED ME
Kellerman

SIGNATURE OF PERSON IN CHARGE
Jessica Pineda
 PRINTED NAME
 Jessica Pineda

CT DIVISION OF LICENSING
 100 Columbus Blvd, Suite 302, Hartford, CT 06103
 Telp Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Written Corrective Action Plan Due by: *pending on*
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Scholars License # pending Date: 1/3/25

Observations/Corrections needed:

- Regulations not in compliance when observed
- #19- 1 staff health record not available
- #35- NO logs of consultants reviewing policies/procedures for Education and Social service + nurse
- #84- NO wall thermometers affixed to all 3 room
- #95- Cleaners, hazardous sprays unlocked under sink in kitchen accessible to children. Observed bleach bottle not labeled with dilutions
- #101- radon test not conducted/test results not submit to Agency. Send copy to Agency
- #113(H)(7)(A)- fence not 4ft. observed and measured 3 walls at 46 inches. Parking lot attached and under 3's and preschool use play area.

Total capacity - 25	- observed 6ft fall zone
under 3's - 7 (2 year old room)	for outdoor play area impact
Total Sinks - 3	Climber , Climber aged 2-5 yec (CFA) for use
Total toilets - 2	
Staff Bathrooms - 2 (use community in hallway) outside of program	

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Ma Keller
(OEC Representative)

Signature: Jessica Pineda
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Pending on licensurer